

3/18/2021

Division of Corporations

M2100003118

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(((H21000110526 3)))



H210001105263ABCS

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC
Account Number : I20020000144
Phone : (305)520-2344
Fax Number : (305)520-2400

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company Countyline Building 27 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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US
3/19/21

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Countyline Building 27 LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 700 NW 1st Avenue, Suite 1620
(Street Address of Principal Office)

Miami, FL 33136

6. 700 NW 1st Avenue, Suite 1620
(Mailing Address)

Miami, FL 33136

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Kolleen O.P. Cobb, Esq.

Office Address: 700 NW 1st Avenue, Suite 1620

Miami, Florida 33136
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kolleen O.P. Cobb
(Registered agent's signature)

FILED
2021 MAR 18 PM 4:43
CLERK OF STATE
TALLAHASSEE, FL

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Christopher J. Sutton

☐ Member Address: 700 NW 1st Avenue

☐ Authorized Suite 1620

Person Miami, FL 33136

☒ Other ^P ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Mauricio Anderson

☐ Member Address: 700 NW 1st Avenue

☐ Authorized Suite 1620

Person Miami, FL 33136

☒ Other ^{VP} ☐ Other

☐ Manager Name: Kolleen Cobb

☐ Member Address: 700 NW 1st Avenue

☐ Authorized Suite 1620

Person Miami, FL 33136

☒ Other ^{VP, S} ☐ Other

☐ Manager Name: Margarita M. Martinez

☐ Member Address: 700 NW 1st Avenue

☐ Authorized Suite 1620

Person Miami, FL 33136

☒ Other ^{VP, AS} ☐ Other

☐ Manager Name: Juan (Rusty) Godoy

☐ Member Address: 700 NW 1st Avenue

☐ Authorized Suite 1620

Person Miami, FL 33136

☒ Other ^{VP, T} ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

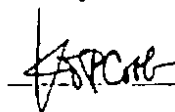
Person

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Kolleen O.P. Cobb, Vice President

Typed or printed name of signee

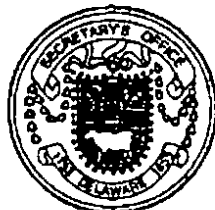
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COUNTYLINE BUILDING 27 LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF MARCH, A.D. 2021.

FILED
2021 MAR 18 PM 4:43
STATE OF DELAWARE



5460748 8300

SR# 20210863773

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202707141

Date: 03-11-21